

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						FILING DATE	
						10/24/2011	
CLAIMS							
NO.	AS FILED		AFTER SEARCH/DOCUMENT REVIEW		AFTER EXAMINER'S SEARCH/DOCUMENT REVIEW		O.C.F.
	NO.	O.C.F.	NO.	O.C.F.	NO.	O.C.F.	
1			1				61
2			1				62
3			1				63
4			1				64
5			1				65
6			1				66
7			1				67
8			1				68
9			1				69
10			1				70
11			1				71
12			1				72
13			1				73
14			1				74
15			1				75
16			1				76
17			1				77
18			1				78
19			1				79
20			1				80
21			1				81
22			1				82
23			1				83
24			1				84
25			1				85
26			1				86
27			1				87
28			1				88
29			1				89
30			1				90
31			1				91
32			1				92
33			1				93
34			1				94
35			1				95
36			1				96
37			1				97
38			1				98
39			1				99
40			1				100
41			1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL NO.			50				
TOTAL O.C.F.							
TOTAL FEE							

BEST AVAILABLE COPY